

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/743959

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		6		1			55						
6		1		1			56						
7	1		1				57						
8		1		1			58						
9		2		1			59						
10		3		1			60						
11		1		1			61						
12	1		1				62						
13		1		1			63						
14		2		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18	1		1				68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	20	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			24				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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